

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/516296** FILING DATE **Winston Alvarez**
APPLICANT(S) **National Stage Processing**
ATTORNEY OR AGENT **Patent Specialist**
(703) 305-8421

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2	/		/				
3	2		2				
4	2		2				
5	2		2				
6	2		2				
7	①		2				
8	①		2				
9	①		2				
10	2		2				
11	2		2				
12	2		2				
13	2		2				
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15	/		/				
16	/		/				
17	2		2				
18	2		2				
19	1		1				
20	③		2				
21	①		2				
22	①		2				
23	①		2				
24	①		2				
25	①		2				
26	①		2				
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29	①		2				
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49							
50							
TOTAL IND.	3		3				
TOTAL DEP.	33	←	49	←	←		
TOTAL CLAIMS	36		52				